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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-075 CLAIMS AS FILED - PART I OTHER THAN (Column 1) · SMALL ENTITY (Column 2) **OR** SWALL ENTITY FOR HULGER EXTRA RATE BASIC FEE Q7 CFR 1.16(a)) FEE BATE OR TOTAL CLAMS minus 20 = OR PROEPENDENT CLASS OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.46(q)) OR If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL OR: TOTAL CLAIMS AS AMENDED - PARTH (Column 1) OR OTHER THAN (Cotumn 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAMS **HOTEST** REMAINING NUMBER PREVIOUSLY PRESENT RATE ADD-RATE ENDMENT AFTER EXTRA TIONAL LENDMENT PAID FOR TIDNUL FEE Total (2) O'd 1,14(rg) OΩ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM D7 OFR 1,16(4)) OR + 5 TOTAL TOTAL ADD'L FEE QR ADDL (Calumn 1) (Column 2) (Column 3) · CLAIMS HIGHEST NUMBER REMAINING 410 PRESENT ADDI-FEE RATE AFTER rate ADOL-**AMENDMENT** PREVIOUSLY PAID FOR EXTRA FEE 46 x 1 50 L 200 # s_ OR OR ENST PRESENTATION OF MARTINE DEPENDENT CLASS ATT OFF STREET OR TOTAL TOTAL 200 ADO'L FEE OR ADD'L FEE CLASUS HIGHEST REMARKING NAMER PRESENT RATE ADOI TENAL FEE RATE .. AFTER ADOI-TIONYA REVIOUSLY EXTRA PAID FOR En cus rides FE ENDM ZOR x s OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASS (3) CFR 1 MIN Ŏά TOTAL TOTAL ADOL FEE

* 8 the entry in octumn 1 is less than the entry in column 2, write "O' in column 3.

"If the "highest Number Proviously Paid For' IN THIS SPACE is less than 3, enter "20".

"If the "Highest Number Proviously Paid For' IN THIS SPACE is less than 3, enter "20".

The "Highest Number Proviously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or relain a banefit by the public which is to file (and by the USPHO to process) an application, Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPHO, have will vary decording upon the individual case. Any comments on the amount of thing you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Differ, U.S. Pepamer or Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.